
State:	District of Columbia	Filing Company:	American Modern Home Insurance Company
TOI/Sub-TOI:	04.0 Homeowners/04.0004 Tenant Homeowners		
Product Name:	Renters Program		
Project Name/Number:	Internet App Revision/20160906-10		

Filing at a Glance

Company:	American Modern Home Insurance Company
Product Name:	Renters Program
State:	District of Columbia
TOI:	04.0 Homeowners
Sub-TOI:	04.0004 Tenant Homeowners
Filing Type:	Form
Date Submitted:	11/09/2016
SERFF Tr Num:	AMMH-130801360
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	20160906-10
Effective Date	01/22/2017
Requested (New):	
Effective Date	01/22/2017
Requested (Renewal):	
Author(s):	Jodi Guggenberger
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State: District of Columbia
TOI/Sub-TOI: 04.0 Homeowners/04.0004 Tenant Homeowners
Product Name: Renters Program
Project Name/Number: Internet App Revision/20160906-10

Filing Company: American Modern Home Insurance Company

General Information

Project Name: Internet App Revision
Project Number: 20160906-10
Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 11/10/2016
State Status Changed:
Created By: Jodi Guggenberger
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Domicile Status Comments: N/A
Reference Number: N/A
Advisory Org. Circular: N/A

Deemer Date:
Submitted By: Jodi Guggenberger

Filing Description:

American Modern Home Insurance Company is submitting a form revision for its Renters Program. The proposed changes are outlined below:

REVISED FORM:

- INTAPP CW (11/16) Countrywide Internet Application - revised to include interested party disclosure

Company and Contact

Filing Contact Information

Jodi Guggenberger, State Relations Analyst jguggenberger@amig.com
7000 Midland Blvd 800-759-9008 [Phone] 5378 [Ext]
Amelia, OH 45102

Filing Company Information

American Modern Home Insurance Company	CoCode: 23469	State of Domicile: Ohio
7000 Midland Blvd.	Group Code: 361	Company Type: Property and Casualty
Amelia, OH 45102	Group Name: Munich Re	State ID Number:
(800) 759-9008 ext. [Phone]	FEIN Number: 31-0715697	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	American Modern Home Insurance Company
TOI/Sub-TOI:	04.0 Homeowners/04.0004 Tenant Homeowners		
Product Name:	Renters Program		
Project Name/Number:	Internet App Revision/20160906-10		

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Countrywide Internet Application	INTAPP CW	(11/16)	ABE	Replaced	Previous Filing Number:	AMMH-130072957		INTAPP CW (11-16).pdf
							Replaced Form Number:	INTAPP CW (03/15)		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

The following represents an illustrative view of the internet application process.

1. Applicant enters zip code.

2. Applicant selects property from list.

Property Name	Street	City	Zip	
Marabella at Las Colinas	1234 Bartholomew Avenue St.	Irving, TX	75062	Select
Marabella at Las Colinas	1234 Bartholomew Avenue St.	Irving, TX	75062	Select
Marabella at Las Colinas	1234 Bartholomew Avenue St.	Irving, TX	75062	Select

3. Applicant selects Coverage Date, enters Email Address and answers the following questions:

Have you or other applicants had any fire, theft or liability losses, in any combination, in the last three years?
(If yes) How many? One? Two or more?

Do you or other applicants own or care for an animal that has caused bodily injury or harm (excluding service animals)?

4. Applicant either selects coverage as shown or view other coverage options.

Coverage Details for this Popular Plan

Personal Property Coverage	\$30,000.00
Personal Liability Coverage	\$100,000.00
Property Deductible	\$500.00

\$20.92/month

Select This Coverage

Other Coverage Options

5. If applicant views other coverage options, applicant chooses coverage and deductible amounts before proceeding to additional coverages. (Coverage and deductible options dependent on state.)

<input type="radio"/>	\$50,000.00 Coverage Amount	\$100,000.00 - \$100,000 Liability Coverage
<input type="radio"/>	\$40,000.00 Coverage Amount	\$100,000.00 - \$100,000 Liability Coverage
<input checked="" type="radio"/>	\$30,000.00 Coverage Amount	\$100,000.00 - \$100,000 Liability Coverage
<input type="radio"/>	\$20,000.00 Coverage Amount	\$100,000.00 - \$100,000 Liability Coverage
<input type="radio"/>	\$10,000.00 Coverage Amount	\$100,000.00 - \$100,000 Liability Coverage

Select Your Deductible

What is this?

<input type="radio"/>	\$ /Month	At \$250 Deductible
<input checked="" type="radio"/>	\$ /Month	At \$500 Deductible
<input type="radio"/>	\$ /Month	At \$1000 Deductible

Liability Coverage Only (No Property Coverage)

<input type="radio"/>	\$ /Month	\$100,000.00 - \$100,000 Liability Coverage
-----------------------	-----------	---

6. Applicant chooses to select any Optional Coverages. (Available Optional Coverages vary by state.)

New Subtotal: \$ /mo.

Your Updated Total is: \$ /mo.

JEWELRY

Policy limits Jewelry coverage at approx. \$1000. You may increase this limit here.

☒ Keep standard limit of **\$1000**
☐ \$ /mo. to increase to \$2,500
☐ \$ /mo. to increase to \$5,000

WATER BACKUP
Of Sewers Or Drains

Covers damages caused by backup of city water system through sink, tub, toilet, and water drain.

\$ /mo

Remove Coverage

Coverage Added!

PET DAMAGE
Liability Coverage

Covers up to \$500 of damage that your pet causes to apartment including carpets, walls, baseboards.

\$ /mo

Add This Coverage

7. Applicant chooses to select or decline Unemployment Coverage.

Your Updated Total is: \$ /mo.

☒

\$ /mo
Joint Coverage

Receive \$500/month for 2 months

☐

\$ /mo
Joint Coverage

Receive \$1000/month for 2 months

☐

\$ /mo
Single Coverage


Receive \$500/month for 2 months

☐

\$ /mo
Single Coverage

Receive \$1000/month for 2 months

8. Applicant enters primary insured occupant(s) information, additional occupants, resident address and mailing address.

First Name *	Last Name *	Mobile Number *
<input type="text"/>	<input type="text"/>	<input type="text" value="()- - -"/>
Email Address *	Confirm Email Address *	Date of Birth *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	<div>Add Another Occupant</div> <div>Minors are automatically covered</div>	
<input type="text"/>		
Insured Name		
<div><div> Primary Resident</div><div>Edit</div></div>		

* Indicates a required field, please check to ensure all fields were filled in correctly

Address *

Atlanta, GA 30324

Mailing Address ☐ Same As Above?

Address	City
<input type="text"/>	<input type="text"/>
State	Zip
<input type="text"/>	<input type="text"/>

9. Applicant reviews notice of privacy and practices.

10. Applicant reviews notice of fraud.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

11. Applicant enters payment term and either credit card or bank account payment method information.

Choose Payment Frequency

<input checked="" type="radio"/>	Annual	1 installment of \$
<input type="radio"/>	Semi-Annual	2 installments of \$
<input type="radio"/>	Quarterly	4 installments of \$
<input type="radio"/>	Monthly	12 installments of \$ * Includes \$ Processing Fee

Select Your Payment Method

<div>Bank Account</div> <div>Type Here</div> <div>without spaces or dashes</div>	<div>Name of Account</div> <div>Type Here</div> <div>Name exactly as it appears on the account</div>
<div>Routing Number</div> <div>Type Here</div> <div>without spaces or dashes</div>	<div>Account Number</div> <div>Type Here</div> <div>without spaces or dashes</div>
<div>Driver's License State (Issued)</div> <div>State</div>	<div>Driver's License Number</div> <div>Type Here</div> <div>without spaces or dashes</div>

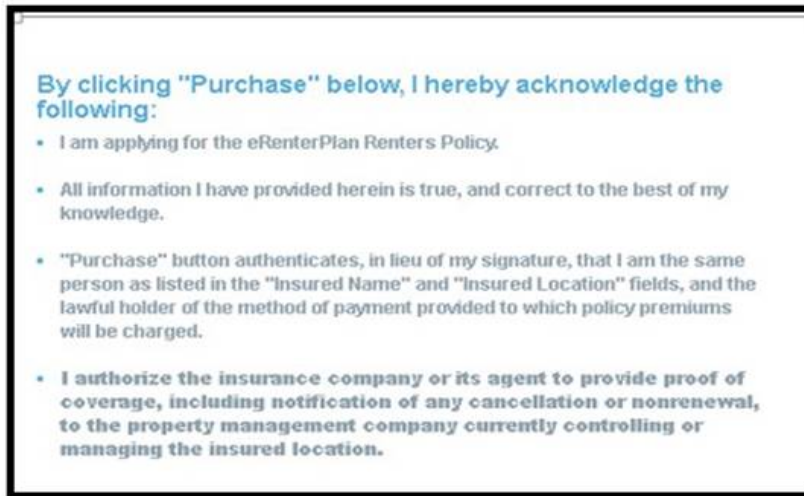
LEGAL TERMS AND CONDITIONS

I authorize Multifamily Internet Ventures, LLC (d/b/a LeasingDesk Insurance Services) and/or American Modern Insurance Group, Inc., on behalf of its licensed insurance company subsidiaries, hereinafter "eRenterPlan", to periodically charge my credit card or debit my selected bank account, pursuant to the payment schedule for my eRenterPlan insurance policy or policies plus a service fee applied to each installment payment of \$7.00 for check payments and \$2.50 for recurring EFT or recurring credit card transactions. I authorize my financial institution to accept the payment demand from eRenterPlan. I agree to maintain, at all times, sufficient funds or credit in the selected account. I understand that if a payment is denied by my financial institution, eRenterPlan will consider my premium unpaid and the policy or policies may be cancelled for non-payment in accordance with each policy and applicable law. I understand that if eRenterPlan isn't paid because of non-sufficient funds or credit, eRenterPlan may make multiple attempts to obtain payment, possibly resulting in additional fees or charges from my financial institution. I also understand that any unpaid bills may result in fees described in my policy and I authorize eRenterPlan to collect those fees by electronic charges to my credit card or debits to my bank account, including a charge or debit to collect a non-sufficient funds ("NSF") fee of up to \$40.00 subject to state law. The amount of the NSF fee is located in the Important Notice Billing Reference Information included in my policy packet. This payment authorization is valid for the life of any eRenterPlan insurance policy or policies. I agree and understand that eRenterPlan may, at any time, terminate this arrangement and require another payment method.

I acknowledge that eRenterPlan will 1) notify me in writing of the amount of debit or charge before the first EFT transaction; 2) notify me if the amount changes; 3) charge or debit my account on or after the date of the month I select, or, if I make no selection, on the same day of each month as the date of the policy's inception.

I acknowledge that I may recover the amount of any erroneous charge or debit, either by check or credit to my account by calling and notifying eRenterPlan at 888-205-8118 promptly if an error has occurred. I acknowledge that I have the right to terminate this authorization at any time by providing 15 days written notice mailed to eRenterPlan, PO Box 17478, Irvine, CA 92623, or faxed to 888-484-7227. I will retain a copy of this authorization.

12. By clicking the Purchase button, applicant is giving the insurance company authorization to provide proof of coverage to the property management company.



By clicking "Purchase" below, I hereby acknowledge the following:

- I am applying for the eRenterPlan Renters Policy.
- All information I have provided herein is true, and correct to the best of my knowledge.
- "Purchase" button authenticates, in lieu of my signature, that I am the same person as listed in the "Insured Name" and "Insured Location" fields, and the lawful holder of the method of payment provided to which policy premiums will be charged.
- I authorize the insurance company or its agent to provide proof of coverage, including notification of any cancellation or nonrenewal, to the property management company currently controlling or managing the insured location.

13. Applicant is shown confirmation screen that includes amount charged, next billing date, policy effective date and policy number. The Applicant is also able to view and print policy from this screen.

State:	District of Columbia	Filing Company:	American Modern Home Insurance Company
TOI/Sub-TOI:	04.0 Homeowners/04.0004 Tenant Homeowners		
Product Name:	Renters Program		
Project Name/Number:	Internet App Revision/20160906-10		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	